

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olivia Lewin's EARCH	CHAPTER 100.1
Address: 92-1336 Pueonani Street, Kapolei, Hawaii 96707	Inspection Date: April 26, 2021 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUL -2 A9:33

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-7 General operational policies. (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties. FINDINGS Resident #1 - General operational policies were not explained to the expanded ARCH resident, resident's family.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>This was corrected by generating a new General Operational Policies and new financial contract which was given to patient's Responsible Person (POA). This new contract was discussed, reviewed, agreed upon and signed with resident's Responsible Person/POA and a copy was given to resident's Responsible person/POA. The original document was filed in resident's folder on May 3, 2021.</p>	<p style="text-align: center;">5/3/21</p> <p style="text-align: right;">21 JUL -2 19:33 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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PART 2:

In order for this not to happen again in the future a General Operation Policies, specific to a client, will be generated as soon as a verbal contract had been agreed upon. This will be given to resident or Responsible Person for review prior to admission, and questions or concerns will be answered or discussed and resolved, again prior to admission.

This will then be signed on the day of admission. Copies will be provided to the resident or Responsible Person and the original will be filed with the resident's file on admission day.

All of these above steps will be checked off in the Master admission "to do" checklist.

Heidi I. Spivey

STATE OF HAWAII
DOH-ONCA
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21 JUL -2 A9:33

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS Substitute care giver (SCG) #1 - No first aid certification. Submit a copy with the plan of correction (POC).	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG # 1 First Aid Certificate was renewed and an updated copy was filed in EARCH's operational folder.</p> <div style="text-align: right;"> STATE OF HAWAII DON-OLICA STATE LICENSING </div>	<p style="text-align: center;">5/3/21</p> <p style="text-align: right;">21 JUL -2 A9:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid;</p> <p>FINDINGS Substitute care giver (SCG) #1 - No first aid certification. Submit a copy with the plan of correction (POC).</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p>5/3/21</p> <p style="text-align: right;">21 JUL -2 A9:33 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

PART 2:

In the future in order for this not to happen again expiration dates for all documents will be noted in a Master calendar "to do" reminder checklist in order to be aware of upcoming significant renewal dates before the next expiration date in the future.

Don I. Spivey

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 JUL -2 A9:33

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS SCG #1 and SCG #2 - No training by the primary care giver (PCG) to make prescribed medication available to residents. Submit a copy for each with the POC.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">SCG#1 AND SCG#2 training were performed and completed.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">4/30/21</p> <p style="text-align: right;">21 JUL -2 A9:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 and SCG #2 - No training by the primary care giver (PCG) to make prescribed medication available to residents. Submit a copy for each with the POC.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p>4/30/21</p>

STATE OF HAWAII
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21 JUL -2 A9:33

PART 2:

In the future, in order to prevent a recurrence of this issue, training in all facets of client care for all substitute caregivers will be completed as soon as a client has been admitted.

A training checklist form will be added to admission "to do checklist" for all clients.

Wendy J. Shuen

21 JUL -2 A9:33
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness. (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. FINDINGS First aid kit contained "Bacitracin" ointment (14 individual packets) and "Xeroform Petroleum dressings (5 packages). Removed from the first aid kit during the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">21 JUL -2 A9:33</p>

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11-100.1-12 Emergency care of residents and disaster preparedness. (b) page 9

Part 2:

In the future in order to prevent this from happening again the contents of the First Aid kit will be checked after every use and reconciled with the First Aid kit list (ARCHIR 10).

A copy of this list had been included in the First Aid kit.

Handwritten signature

21 JUL -2 A9:33
STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> , (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> Menus were not posted in the dining area.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This was corrected by printing another copy of current weekly menu and this was posted by the dining area.</p>	<p style="text-align: center;">4/27/21</p> <p style="text-align: center;">21 JUL -2 A9:33 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Part 2:

In the future in order for this not to happen again there will always be 2 copies of the menu printed and posted at all times, one in the kitchen and one in the dining area.

Posting of the weekly menu will be included in the weekly "to do" checklist.

Wesley / Sherry

STATE OF HAWAII
DOH-DHICA
STATE LICENSING

21 JUL -2 19:33

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. <u>FINDINGS</u> Resident #1 - No physician order for pureed consistency diet. "Regular diet regular texture" ordered 1/27/21. Pureed consistency meals provided.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCP order obtained for pureed consistency diet.</p>	<p style="text-align: center;">5/7/21</p> <p style="text-align: center;">21 JUL -2 A9:33 STATE OF HAWAII DOH-CHSA STATE LICENSES</p>

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Part 2:

In order for this not to happen again when a patient is observed to be having difficulty tolerating the previously specified PCP ordered diet, which in this case was regular textured diet, then a request for referral to a Speech Therapist will be made to the PCP.

The Speech Therapist will test the patient's swallow reflex and will make the appropriate recommendations resulting from the swallow evaluation she had performed.

Once the recommendation from the Speech Therapist has been obtained then the new diet order, which reflects the findings, will be requested from the PCP.

This will then be filed with the patient's chart and the new diet order will reflect the new texture and consistency that needs to be followed for the patient's food, drinks and medication administration.

Clivia A. Lewin

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Cabinet under the kitchen sink containing Clorox and Raid insect spray was unlocked.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This was corrected by securing close the lock that was already hanging by the hasp.</p>	<p style="text-align: center;">4/27/21</p> <p style="text-align: right;"> 21 JUL -2 A9:33 STATE OF HAWAII DON-QUON STATE LICENSING </p>

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Part 2:

In the future in order for this not to be repeated all personnel had been been trained to secure the lock as soon as possible and provided with individual keys in order to ensure that the cabinet will always be locked from now on.

This chore will be noted in the day to day "to do" checklist in order to ensure that it has been locked at all times.

Ken / A. Spencer

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 JUL -2 A9:34

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Seven day pill box containing PCG's medication was unsecured on the kitchen counter during the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The pill minder was be secured in the locked pantry.</p> <div style="text-align: right;"> STATE OF HAWAII DON-OMCA STATE LICENSING </div>	<p style="text-align: center;">4/27/21</p> <p style="text-align: right;">21 JUL -2 A9:34</p>

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Part 2:

In the future in order for this not to be repeated the pill minder will be secured in the locked pantry as soon as the daily pills have been taken.

The counter will be policed for items that do not belong there all throughout the day.

Heidi P. Oka

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUL -2 A9:34

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Nitroglycerin 0.4 mg/spray solution Place 1 spray under the tongue every 5 minutes as needed" ordered 1/27/21; however, no medication available.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">A refill of Nitroglycerin .04mg was requested from client's PCP in order to have a new one on hand.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-ORCA STATE LICENSING </div>	<p style="text-align: right;">5/11/21</p> <p style="text-align: right;">21 JUL -2 A9:34</p>

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Part 2:

In the future in order to prevent this from happening again all seldom used medication's expiration date will be noted in the Master calendar reminder list in order to have a ready reminder to order a new one once the one on hand nears the expiration date.

Alan A. Chen

21 JUL -2 A9:34
STATE OF HAWAII
DOH-DHCA
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - No physician order for "SM-Senna-S tablets" stored with current medication.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SM- Senna tablets thrown away since the order for this medication had already expired and PCP had prescribed a different medication for the same condition.</p>	<p style="text-align: right;">4/27/21</p> <p style="text-align: right;">21 JUL -2 A9:34</p> <p style="text-align: right;">STATE OF HAWAII BOH-ONCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - No physician order to crush medication. The PCG stated that the multivitamin and acetaminophen are crushed.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCP order to crush medications, except for aspirin, obtained.</p> <div style="text-align: right;"> STATE OF HAWAII DON-ORICA STATE LICENSING </div>	<p style="text-align: center;">5/9/21</p> <p style="text-align: right;">21 JUL -2 A9:34</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Resident #1 - "SM Senna-S tablets" stored with current medication had "use by" date of 9/1/20. Removed from the current supply of medication.	<div>PART 1</div> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <div>STATE OF HAWAII DOH-CHCA STATE LICENSING</div>	21 JUL -2 A9:34

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Part 2:

In the future, in order for this not to happen again, all medications that have expired as per the "use by date" will be separated from other medications and will be properly disposed of immediately.

Medications "use by date" will be highlighted and noted in the Master calendar "to do" list in order to be aware of when they need to be disposed of.

Ken L. D.

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

21 JUL -2 A9:34

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - "Acetaminophen (Tylenol) 325 mg Take 2 tabs every 4 hours as needed for mouth pain or fever" ordered 1/27/21. The April 2021 medication record noted the medication is taken at 8 a.m.; however, the PCG stated that she gives the medication at 8 p.m.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div>

21 JUL -2 A9:34

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Acetaminophen (Tylenol) 325 mg Take 2 tabs every 4 hours as needed for mouth pain or fever" ordered 1/27/21. The April 2021 medication record noted the medication is taken at 8 a.m.; however, the PCG stated that she gives the medication at 8 p.m.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p>	8/23/21

AUG 27 2021

Part 2:

In order for these issues not to happen again, the client's condition will be noted in the Progress Notes.

The Need for Restraint had been observed and have been subsequently documented as when the patient had been repeatedly observed to be "bucking" or becoming straight and rigid which results in the client sliding down the wheelchair seat, which becomes dangerous since she could potentially slide off the wheelchair as she repeats this constant straightening while her body is completely rigid.

The tolerance for pureed consistency diet and modified consistency liquids is evident in the fact that the patient no longer has severe coughing fits while eating, and pocketing of food in the cheeks. These instances of coughing fits and food pocketing had been subsequently noted in the monthly Progress Notes.

The patient's sleep pattern has also been observed and thus when she wakes at night and stays up until almost dawn for 2-3 days in a row then a PRN sleep medication needs to be administered in order to encourage sleep and rest. All this information has been subsequently noted in the Progress Notes.

The crushed medication has also been noted as effective, evident in the fact that the patient does not pocket the medicine and/or spits it out instead of chewing and swallowing it. Crushed medication mixed with applesauce or some sort of pudding has been observed as acceptable and well tolerated. This information had also been noted in the Progress Notes.

This historical documentation shows that in order to remediate certain issues, they need to be noted in the Progress notes and once corrections have been made then the results have to be noted in the Progress notes in order to gauge whether the action or course taken is the correct one. The Progress notes documents the problems, shows there is a problem and once action has been taken to correct the problem, the Progress notes once again shows whether the action taken had been successful.

So in order to solve some problems then they need to be documented, a solution applied to the problem and the result/s documented whether it is effective or not.

Olivia S. Lewis

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - No progress notes for observations of the following: <ul style="list-style-type: none"> • Need for restraint use. • Tolerance to pureed consistency diet, modified consistency liquids and crushed medication. • Need for and response to "acetaminophen" (pm) taken daily. • Need for and response to "Melatonin" (pm) taken daily. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: right;">21 JUL -2 A9:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div><input checked="" type="checkbox"/></div> <div>§11-100.1-17 Records and reports: (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</div> <div>FINDINGS Resident #1 - No progress notes for observations of the following:<ul style="list-style-type: none">• Need for restraint use.• Tolerance to pureed consistency diet, modified consistency liquids and crushed medication.• Need for and response to "acetaminophen" (pm) taken daily.• Need for and response to "Melatonin" (pm) taken daily.</div>	<div>PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</div> <div>PROGRESS NOTES WILL BE WRITTEN DOWN IN ORDER TO DOCUMENT THE RESIDENT'S RESPONSE TO MEDICATIONS, THEIR TOLERANCE TO MODIFIED DIET AND CRUSHED MED, OR ANY SIGNS OF ILLNESS AND CHANGES IN BEHAVIOR. THE FUTURE PLAN IS A GOAL TO DOCUMENT THE SERVICES PROVIDED.</div>	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include: Recording of residents weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 - No monthly weights.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-GHCA STATE LICENSING</p>	<p style="text-align: right;">21 JUL -2 A9:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1 - No monthly weights.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	<p>21 JUL -2 A9:35 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

Part 2:

In order for this not to happen again other options will be explored in order to resolve a difficult issue.

In this instance, since the client cannot be weighed due to the difficulty of obtaining access to a wheelchair accessible scale, the MAC, or mid arm circumference measurement had been substituted as a means of weight measurement.

See 1 of 2

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 - Incident report dated 8/30/19 was in the resident record.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Said Incident Report had been filed in the EARCH folder.</p>	<p style="text-align: center;">4/27/21</p> <p style="text-align: center;">21 JUL -2 A9:35</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. <u>FINDINGS</u> Resident #1 - Incident report dated 8/30/19 was in the resident record.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </div> <div style="text-align: center; margin-top: 100px;"> See attached </div>	<div style="text-align: right;"> 21 JUL -2 A9:35 STATE OF HAWAII DCH-OHCA STATE LICENSING </div>

11-100.1-17 Record and reports. (c)page 33

Part 2:

Incident Report dated 8/30/19 had since then been filed in the Care Home folder. In order for this not to happen again any such incident will be noted in the monthly Progress Report and the Incident Report itself will be filed under the master Care Home folder in order to have at hand in case it needs to be examined by the Department of Health.

In addition, EARCH folder will be tabbed clearly in order to make it obvious and easy to file documents that belong in this folder.

King, J. J.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS Resident #1 was not recorded on the permanent general register.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Resident # 1 had since been listed on the permanent general register.</p>	<p style="text-align: center;">4/27/21</p> <p style="text-align: right;"> STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUL -2 A9:35 </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS Resident #1 was not recorded on the permanent general register.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p>	<p style="text-align: right;">21 JUL -2 A9:35 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

11-100.1-17 Records and reports. (h)(l) page 35

Part 2:

In order for this not to happen again the listing of new clients in the Resident Register will be checked off in the "to do" checklist.

Ben / Jha

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 - No financial agreement.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A new Financial Agreement had since been agreed upon, signed, filed in the client's folder and a copy given to client and/or POA.</p>	<p style="text-align: right;">5/3/21</p> <p style="text-align: right;">21 JUL -2 A9:35 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. FINDINGS Resident #1 - No financial agreement.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p> <div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	21 JUL -2 A9 :35

11-100.1-19 Resident accounts. (a) page 37

Part 2:

In order for this not to happen again the Financial Agreement will be checked off in the Master admission "to do" checklist.

See 1 of 2

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities: (a)(2)(D) Residents' rights and responsibilities: Each resident shall: Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">An approved wheelchair seatbelt had been installed in the wheelchair.</p>	<p style="text-align: center;">5/14/21</p>
<p>FINDINGS</p> <p>Resident #1 - "Restraint" ordered 1/27/21 did not indicate the form of restraint to be used, length of time restraint to be applied, frequency of use and the alternative care that can be provided to the resident.</p> <p>Restraint use was not documented.</p> <p>Submit a restraint policy with your POC.</p>	<p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">21 JUL -2 A9:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D) Residents' rights and responsibilities: Each resident shall: Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;	<div data-bbox="1328 1234 1360 1348" style="text-align: center;">PART 2</div> <div data-bbox="1253 1180 1286 1411" style="text-align: center;"><u>FUTURE PLAN</u></div> <div data-bbox="1107 928 1214 1663" style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </div> <div data-bbox="993 970 1026 1171" style="text-align: center;">See attached</div> <div data-bbox="360 1600 565 1684" style="text-align: right;"> STATE OF HAWAII DOH-OHCA STATE LICENSING </div>	<div data-bbox="1026 1705 1058 1822" style="text-align: center;">5/14/21</div> <div data-bbox="321 1738 604 1789" style="text-align: right;">21 JUL -2 A9:35</div>

Part 2:

In order for this not to happen again, the reason/s for the use of restraint will be documented in the client's Progress notes. These reason/s will be discussed with the PCP and the client's POA or Responsible Person. PCP approved restraints, in this case wheelchair seat belts, had been ordered and installed to be utilized while the client was in a wheelchair.

Ken S. Ch

STATE OF HAWAII
DOH-9HCA
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21 JUL -2 A9:35

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: FINDINGS Resident #1 - No self-preservation certification. Submit a copy with the POC.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Self Preservation Certificate obtained from PCP.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-DIICA STATE LICENSING </div>	<p style="text-align: center;">4/30/21</p> <p style="text-align: right;">21 JUL -2 A9:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 - No self-preservation certification. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p> <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div>	21 JUL -2 A9:35

Part 2:

In order for this not to happen again I will check and recheck the Admission/Readmission check list in order to be able to complete all the paperwork on the day before or the day of admission of the client.

A handwritten signature in cursive script, appearing to read "K. J. Smith".

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; FINDINGS Receptacle for food under the kitchen sink did not have a cover.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">A new trash receptacle with a cover had replaced the old one without a cover.</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: center;">4/28/21</p> <p style="text-align: right;">21 JUL -2 A9:36</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>4/28/21</p> <p>21 JUL -2 A9:36</p> <p>STATE OF HAWAII DON-ONCA STATE LICENSING</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u></p> <p>Receptacle for food under the kitchen sink did not have a cover.</p>

Part 2:

In order for this to not happen again covered trash receptacles will be provided to accommodate separating all the different kinds of trash and other matter.

Ken / Jha

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> No monthly smoke detector checks for February 2021 and March 2021. Last smoke detector check completed was 1/26/21.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">'21 JUL -2 A9:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No monthly smoke detector checks for February 2021 and March 2021. Last smoke detector check completed was 1/26/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p>21 JUL -2 A9:36</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Part 2:
In order for this to happen again smoke detector checks will be added to the monthly "to do" list in order not to unknowingly skip the monthly chore.

Ken P. Jha

21 JUL -2 A9:36
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 Licensing. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p>FINDINGS Resident # 1 - Policies for the expanded ARCH were not explained to the resident.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>General Policies and Policies of this EARCH were explained to client's POA/Responsible Person.</p>	<p>5/11/21</p> <p>21 JUL -2 A9:36 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p>FINDINGS Resident # 1 - Policies for the expanded ARCH were not explained to the resident.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p> <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div>	<p style="text-align: right;">21 JUL -2 A9:36</p>

Part 2:

In order for this not to happen again in the future the Policies for this EARCH, specific to a client, will be generated as soon as a verbal contract had been agreed upon. This will be given to the resident or Responsible Person for review prior to admission, and questions or concerns will be answered or discussed and resolved, again prior to admission.

This will then be signed on the day of admission. Copies will be provided to the resident or Responsible Person and the original will be filed with the resident's file on admission day.

All of these above steps will be checked off the Master admission "to do" checklist.

Man / Jhu

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS SCG #1 and SCG #2 - No documentation of training by the RN case manager to provide daily personal and specialized care to the expanded ARCH resident.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>RN CM performed RN Delegation.</p>	<p>6/10/21</p> <p>21 JUL -2 A9:36 STATE OF HAWAII DON-ONCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; FINDINGS SCG #1 and SCG #2 - No documentation of training by the RN case manager to provide daily personal and specialized care to the expanded ARCH resident.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p>	<p style="text-align: right;">21 JUL -2 A9:36</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

Part 2:

In order for this not to happen again in the future all SCG Delegation, specific to a client, will be completed within the admission day.
This will then be filed in the client's folder.

The RN Delegation will be included in the Master admission "to do" checklist.

Handwritten signature

STATE OF HAWAII
DOH-ORCA
STATE LICENSING
21 JUL -2 A9:36

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> No monthly fire drills for February 2021 and March 2021. Last fire drill completed was 1/26/21.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">21 JUL -2 A9:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No monthly fire drills for February 2021 and March 2021. Last fire drill completed was 1/26/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p>21 JUL -2 A9:36</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

Part 2:

In order for this to happen again fire drill will be added to the monthly "to do" list in order not to unknowingly skip the monthly chore.

John S. [Signature]

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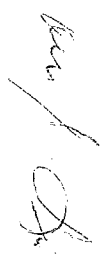
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 - The service plan, updated 3/12/21, did not include swallow strategies recommended by the Speech Language Pathologist for the dysphagia evaluation of 10/2/20.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The Service Plan had been modified to address and incorporate the swallow strategies as per 10/2/20 Speech Language Pathologist visit.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-ORCA STATE LICENSING </div>	<p style="text-align: center;">5/12/21</p> <p style="text-align: right;">21 JUL -2 A9:36</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; <p><u>FINDINGS</u> Resident #1 - The service plan, updated 3/12/21, did not include swallow strategies recommended by the Speech Language Pathologist for the dysphagia evaluation of 10/2/20.</p>	<div> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? See attached </div> <div> STATE OF HAWAII DOH-ORCA STATE LICENSING </div>	21 JUL -2 A9 :36

Part 2:

In the future in order for this not to happen again, I will discuss and provide Case management all the pertinent documents needed in order for them to update Service Plan, as appropriate.

I will review said Service Plan in order to verify all changes that need to be addressed had been written and documented in the Service Plan.



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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS The service plan, updated 3/12/21, did not address alternatives to monthly weights.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This was corrected by using MAC-mid arm circumference as a way to record monthly weights.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div>	<p style="text-align: center;">5/12/21</p> <p style="text-align: right;">21 JUL -2 A9:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> The service plan, updated 3/12/21, did not address alternatives to monthly weights.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 JUL -2 19:37</p>

Part 2:

In order for this not to happen again other options will be discussed/explored with RN CM in order to resolve a difficult issue.

And then the agreed upon action will be incorporated in the Service plan, which I will review, in order to make sure the action is correct and accurate.

Ken / Dha

21 JUL -2 A9:37
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; FINDINGS Resident #1 - No documentation of face-to-face contact with the RN case manager for February 2021 and April 2021.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Copies of face to face for February 2021 and April 2021 has since been obtained and filed.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONICA STATE LICENSING</p>	<p style="text-align: center;">5/12/21</p> <p style="text-align: right;">21 JUL -2 09:37</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; FINDINGS Resident #1 - No documentation of face-to-face contact with the RN case manager for February 2021 and April 2021.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">See attached</p>	<div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING 21 JUL -2 A9:37 </div>

11.100.1-88 Case Management qualifications and services.(c)(8) page 57

Part 2:

In order for this not to happen again, all documents from CM face to face visits will be requested and filed in a timely manner.

See / Jm

21 JUL -2 19:37
STATE OF HAWAII
DOH-DHCA
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Licensee's/Administrator's Signature:

Olivia S. Lewin

Print Name:

OLIVIA S LEWIN

Date:

July 2, 2021

Licensee's/Administrator's Signature:

Olivia S. Lewin

Print Name:

OLIVIA S. LEWIN

Date:

August 27, 2021

Licensee's/Administrator's Signature:

Olivia S. Lewin

Print Name:

OLIVIA S. LEWIN

Date:

9/31/21